

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: _____		2 Serial/Patent # <u>10/543117</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing	1	<u>28 Jul 05</u>	\$ <u>250</u>
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$ /
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
<u>I, PLA PA</u> <u>3580 Wilshire Blvd., 17th Floor</u> <u>Los Angeles, CA 90010</u>		7 TOTAL AMOUNT OF REFUND		\$ <u>250</u>
10 REASON:		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Treasury Check	
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	Credit Deposit A/C #:	
<input type="checkbox"/>	No Fee Due (Explanation):	9	<div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; text-align: center;"> -- </div>	
11 REFUND REQUESTED BY: <u>P.K. Tidwell</u>				
TYPED/PRINTED NAME: <u>P. Tidwell</u>			TITLE: <u>Paralegal</u>	
SIGNATURE: <u>P. Tidwell</u>			PHONE: <u>703 308 9140 ext 216</u>	
OFFICE: <u>PCI</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**